

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 8, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT codes 22845-65\*, 22558-80, 22612-65, 22842-65\*, 85095-65 and 63030-50-65, for date of service October 24, 2002.

## **II. RATIONALE**

- CPT Code 22845-65\* denied as “N – This charge was not reflected in the report as one of the procedures/services performed”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(1) the operative report supports the service rendered. Per the –65 modifier used on the HCFA-1500 the MAR shall be reduced by 75%. Therefore, reimbursement in the amount of \$1,575.00 is recommended ( $\$2,950.00 \times 75\% = \$2,212.50 - 637.50$  (previous reimbursement)).
- CPT Code 22558-80 denied as “D – Total component of billed procedure was paid to another provider”. Per the –80 modifier used documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session. The reimbursement shall be 25% of the listed MAR of the surgical procedure. Operative report does not support the attendance of the assistant surgeon at 70%. Reimbursement is not recommended.
- CPT Code 22612-65 denied as “F – U849 and Z560 – This multiple procedure was reduced 50% according to fee schedule or usual and customary guidelines and the charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix” and “C – Z561 – This preferred provider has agreed to reduce this charge below fee schedule or usual and customary charges for your business”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(b) operative report supports the services billed at 50% reduction and modifier –65 at 75% reduction. MAR is \$2,529.00, 50% reduction per the multiple procedure rule is \$1,264.50 and the co-surgeon reduction of 75% is \$948.47. The requestor has submitted an EOB showing payment of \$758.70 was paid, leaving a balance of \$189.77; however, Medical Dispute Resolution declines to recommended additional payment as the requestor has not submitted documentation to support they are not part of the \_\_\_\_ and contractual amount can not be determined.

- CPT Code 22842-65\* denied as “F – Z560 – The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix” and “C – Z561 – This preferred provider has agreed to reduce this charge below fee schedule or usual and customary charges for your business”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(2) operative report supports delivery of service. The MAR value with the –65 modifier is \$2,550.00; EOB’s and the table of disputed services submitted by the requestor shows a payment of \$2,040.00 was made. Medical Dispute Resolution declines to recommended additional payment as the requestor has not submitted documentation to support they are not part of the First Health Network and contractual amount can not be determined.
- CPT Code 85095-65 denied as “F - – Z560 – The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix”; “X212 – This procedure is included in another procedure performed on this date” and “C – Z561 – This preferred provider has agreed to reduce this charge below fee schedule or usual and customary charges for your business”. Per the 1996 Medical Fee Guideline, Pathology Ground Rules (II) when applicable, the modifying circumstances shall be identified by the appropriate modifier, including the hyphen, after the usual procedure number. General Instructions for modifiers to be used in this section may also be referred. The requestor billed used the modifier –65 which shall be reimbursed at 75% of the MAR. The PC\$ are \$29.00 and the TC\$ are \$65.00 for a total value of \$94.00. Per the 1994 Global Service Data for Orthopaedic Surgery this dispute code is not global to the primary procedure. The requestor has submitted an EOBs that show payment in the amount of \$56.40 (EOB date of 12/23/02) and \$18.80 (EOB date of 1/23/03) for a total of \$75.20 was paid to the health care provider leaving a balance of \$18.80 in dispute. Medical Dispute Resolution declines to recommended additional payment as the requestor has not submitted documentation to support they are not part of the \_\_\_\_ and contractual amount can not be determined.
- CPT Code 63030-50-65 denied as “F – U849 and Z560 – This multiple procedure was reduced 50% according to fee schedule or usual and customary guidelines and the charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix” and “C – Z561 – This preferred provider has agreed to reduce this charge below fee schedule or usual and customary charges for your business”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(b) operative report supports the services billed at 50% reduction and modifier –65 at 75% reduction. MAR is \$3,035.00, 50% reduction per the multiple procedure rule is \$1,517.50 and the co-surgeon reduction of 75% is \$1,138.12. The requestor has submitted an EOB showing payment of \$910.50 was paid, leaving a balance of \$607.00; however, Medical Dispute Resolution declines to recommended additional payment as the requestor has not submitted documentation to support they are not part of the \_\_\_\_ and contractual amount can not be determined.

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 62290\* in the amount of \$606.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$606.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 22<sup>nd</sup> day of June 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf